

PREVAILED

Roll Call No. _____

FAILED

Ayes _____

WITHDRAWN

Noes _____

RULED OUT OF ORDER

HOUSE MOTION _____

MR. SPEAKER:

I move that Engrossed Senate Bill 315 be amended to read as follows:

- 1 Page 9, between lines 23 and 24, begin a new paragraph and insert:
- 2 "SECTION 11. IC 27-4-1-4, AS AMENDED BY P.L.131-2007,
- 3 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 4 UPON PASSAGE]: Sec. 4. (a) The following are hereby defined as
- 5 unfair methods of competition and unfair and deceptive acts and
- 6 practices in the business of insurance:
- 7 (1) Making, issuing, circulating, or causing to be made, issued, or
- 8 circulated, any estimate, illustration, circular, or statement:
- 9 (A) misrepresenting the terms of any policy issued or to be
- 10 issued or the benefits or advantages promised thereby or the
- 11 dividends or share of the surplus to be received thereon;
- 12 (B) making any false or misleading statement as to the
- 13 dividends or share of surplus previously paid on similar
- 14 policies;
- 15 (C) making any misleading representation or any
- 16 misrepresentation as to the financial condition of any insurer,
- 17 or as to the legal reserve system upon which any life insurer
- 18 operates;
- 19 (D) using any name or title of any policy or class of policies
- 20 misrepresenting the true nature thereof; or
- 21 (E) making any misrepresentation to any policyholder insured
- 22 in any company for the purpose of inducing or tending to
- 23 induce such policyholder to lapse, forfeit, or surrender the

- 1 policyholder's insurance.
- 2 (2) Making, publishing, disseminating, circulating, or placing
3 before the public, or causing, directly or indirectly, to be made,
4 published, disseminated, circulated, or placed before the public,
5 in a newspaper, magazine, or other publication, or in the form of
6 a notice, circular, pamphlet, letter, or poster, or over any radio or
7 television station, or in any other way, an advertisement,
8 announcement, or statement containing any assertion,
9 representation, or statement with respect to any person in the
10 conduct of the person's insurance business, which is untrue,
11 deceptive, or misleading.
- 12 (3) Making, publishing, disseminating, or circulating, directly or
13 indirectly, or aiding, abetting, or encouraging the making,
14 publishing, disseminating, or circulating of any oral or written
15 statement or any pamphlet, circular, article, or literature which is
16 false, or maliciously critical of or derogatory to the financial
17 condition of an insurer, and which is calculated to injure any
18 person engaged in the business of insurance.
- 19 (4) Entering into any agreement to commit, or individually or by
20 a concerted action committing any act of boycott, coercion, or
21 intimidation resulting or tending to result in unreasonable
22 restraint of, or a monopoly in, the business of insurance.
- 23 (5) Filing with any supervisory or other public official, or making,
24 publishing, disseminating, circulating, or delivering to any person,
25 or placing before the public, or causing directly or indirectly, to
26 be made, published, disseminated, circulated, delivered to any
27 person, or placed before the public, any false statement of
28 financial condition of an insurer with intent to deceive. Making
29 any false entry in any book, report, or statement of any insurer
30 with intent to deceive any agent or examiner lawfully appointed
31 to examine into its condition or into any of its affairs, or any
32 public official to which such insurer is required by law to report,
33 or which has authority by law to examine into its condition or into
34 any of its affairs, or, with like intent, willfully omitting to make a
35 true entry of any material fact pertaining to the business of such
36 insurer in any book, report, or statement of such insurer.
- 37 (6) Issuing or delivering or permitting agents, officers, or
38 employees to issue or deliver, agency company stock or other
39 capital stock, or benefit certificates or shares in any common law
40 corporation, or securities or any special or advisory board
41 contracts or other contracts of any kind promising returns and
42 profits as an inducement to insurance.
- 43 (7) Making or permitting any of the following:
- 44 (A) Unfair discrimination between individuals of the same
45 class and equal expectation of life in the rates or assessments
46 charged for any contract of life insurance or of life annuity or

in the dividends or other benefits payable thereon, or in any other of the terms and conditions of such contract; however, in determining the class, consideration may be given to the nature of the risk, plan of insurance, the actual or expected expense of conducting the business, or any other relevant factor.

(B) Unfair discrimination between individuals of the same class involving essentially the same hazards in the amount of premium, policy fees, assessments, or rates charged or made for any policy or contract of accident or health insurance or in the benefits payable thereunder, or in any of the terms or conditions of such contract, or in any other manner whatever; however, in determining the class, consideration may be given to the nature of the risk, the plan of insurance, the actual or expected expense of conducting the business, or any other relevant factor.

(C) Excessive or inadequate charges for premiums, policy fees, assessments, or rates, or making or permitting any unfair discrimination between persons of the same class involving essentially the same hazards, in the amount of premiums, policy fees, assessments, or rates charged or made for:

(i) policies or contracts of reinsurance or joint reinsurance, or abstract and title insurance;

(ii) policies or contracts of insurance against loss or damage to aircraft, or against liability arising out of the ownership, maintenance, or use of any aircraft, or of vessels or craft, their cargoes, marine builders' risks, marine protection and indemnity, or other risks commonly insured under marine, as distinguished from inland marine, insurance; or

(iii) policies or contracts of any other kind or kinds of insurance whatsoever.

However, nothing contained in clause (C) shall be construed to apply to any of the kinds of insurance referred to in clauses (A) and (B) nor to reinsurance in relation to such kinds of insurance. Nothing in clause (A), (B), or (C) shall be construed as making or permitting any excessive, inadequate, or unfairly discriminatory charge or rate or any charge or rate determined by the department or commissioner to meet the requirements of any other insurance rate regulatory law of this state.

(8) Except as otherwise expressly provided by law, knowingly permitting or offering to make or making any contract or policy of insurance of any kind or kinds whatsoever, including but not in limitation, life annuities, or agreement as to such contract or policy other than as plainly expressed in such contract or policy issued thereon, or paying or allowing, or giving or offering to pay, allow, or give, directly or indirectly, as inducement to such

1 insurance, or annuity, any rebate of premiums payable on the
2 contract, or any special favor or advantage in the dividends,
3 savings, or other benefits thereon, or any valuable consideration
4 or inducement whatever not specified in the contract or policy; or
5 giving, or selling, or purchasing or offering to give, sell, or
6 purchase as inducement to such insurance or annuity or in
7 connection therewith, any stocks, bonds, or other securities of any
8 insurance company or other corporation, association, limited
9 liability company, or partnership, or any dividends, savings, or
10 profits accrued thereon, or anything of value whatsoever not
11 specified in the contract. Nothing in this subdivision and
12 subdivision (7) shall be construed as including within the
13 definition of discrimination or rebates any of the following
14 practices:

15 (A) Paying bonuses to policyholders or otherwise abating their
16 premiums in whole or in part out of surplus accumulated from
17 nonparticipating insurance, so long as any such bonuses or
18 abatement of premiums are fair and equitable to policyholders
19 and for the best interests of the company and its policyholders.

20 (B) In the case of life insurance policies issued on the
21 industrial debit plan, making allowance to policyholders who
22 have continuously for a specified period made premium
23 payments directly to an office of the insurer in an amount
24 which fairly represents the saving in collection expense.

25 (C) Readjustment of the rate of premium for a group insurance
26 policy based on the loss or expense experience thereunder, at
27 the end of the first year or of any subsequent year of insurance
28 thereunder, which may be made retroactive only for such
29 policy year.

30 (D) Paying by an insurer or insurance producer thereof duly
31 licensed as such under the laws of this state of money,
32 commission, or brokerage, or giving or allowing by an insurer
33 or such licensed insurance producer thereof anything of value,
34 for or on account of the solicitation or negotiation of policies
35 or other contracts of any kind or kinds, to a broker, an
36 insurance producer, or a solicitor duly licensed under the laws
37 of this state, but such broker, insurance producer, or solicitor
38 receiving such consideration shall not pay, give, or allow
39 credit for such consideration as received in whole or in part,
40 directly or indirectly, to the insured by way of rebate.

41 (9) Requiring, as a condition precedent to loaning money upon the
42 security of a mortgage upon real property, that the owner of the
43 property to whom the money is to be loaned negotiate any policy
44 of insurance covering such real property through a particular
45 insurance producer or broker or brokers. However, this
46 subdivision shall not prevent the exercise by any lender of the

1 lender's right to approve or disapprove of the insurance company
2 selected by the borrower to underwrite the insurance.

3 (10) Entering into any contract, combination in the form of a trust
4 or otherwise, or conspiracy in restraint of commerce in the
5 business of insurance.

6 (11) Monopolizing or attempting to monopolize or combining or
7 conspiring with any other person or persons to monopolize any
8 part of commerce in the business of insurance. However,
9 participation as a member, director, or officer in the activities of
10 any nonprofit organization of insurance producers or other
11 workers in the insurance business shall not be interpreted, in
12 itself, to constitute a combination in restraint of trade or as
13 combining to create a monopoly as provided in this subdivision
14 and subdivision (10). The enumeration in this chapter of specific
15 unfair methods of competition and unfair or deceptive acts and
16 practices in the business of insurance is not exclusive or
17 restrictive or intended to limit the powers of the commissioner or
18 department or of any court of review under section 8 of this
19 chapter.

20 (12) Requiring as a condition precedent to the sale of real or
21 personal property under any contract of sale, conditional sales
22 contract, or other similar instrument or upon the security of a
23 chattel mortgage, that the buyer of such property negotiate any
24 policy of insurance covering such property through a particular
25 insurance company, insurance producer, or broker or brokers.
26 However, this subdivision shall not prevent the exercise by any
27 seller of such property or the one making a loan thereon of the
28 right to approve or disapprove of the insurance company selected
29 by the buyer to underwrite the insurance.

30 (13) Issuing, offering, or participating in a plan to issue or offer,
31 any policy or certificate of insurance of any kind or character as
32 an inducement to the purchase of any property, real, personal, or
33 mixed, or services of any kind, where a charge to the insured is
34 not made for and on account of such policy or certificate of
35 insurance. However, this subdivision shall not apply to any of the
36 following:

37 (A) Insurance issued to credit unions or members of credit
38 unions in connection with the purchase of shares in such credit
39 unions.

40 (B) Insurance employed as a means of guaranteeing the
41 performance of goods and designed to benefit the purchasers
42 or users of such goods.

43 (C) Title insurance.

44 (D) Insurance written in connection with an indebtedness and
45 intended as a means of repaying such indebtedness in the
46 event of the death or disability of the insured.

- 1 (E) Insurance provided by or through motorists service clubs
- 2 or associations.
- 3 (F) Insurance that is provided to the purchaser or holder of an
- 4 air transportation ticket and that:
- 5 (i) insures against death or nonfatal injury that occurs during
- 6 the flight to which the ticket relates;
- 7 (ii) insures against personal injury or property damage that
- 8 occurs during travel to or from the airport in a common
- 9 carrier immediately before or after the flight;
- 10 (iii) insures against baggage loss during the flight to which
- 11 the ticket relates; or
- 12 (iv) insures against a flight cancellation to which the ticket
- 13 relates.
- 14 (14) Refusing, because of the for-profit status of a hospital or
- 15 medical facility, to make payments otherwise required to be made
- 16 under a contract or policy of insurance for charges incurred by an
- 17 insured in such a for-profit hospital or other for-profit medical
- 18 facility licensed by the state department of health.
- 19 (15) Refusing to insure an individual, refusing to continue to issue
- 20 insurance to an individual, limiting the amount, extent, or kind of
- 21 coverage available to an individual, or charging an individual a
- 22 different rate for the same coverage, solely because of that
- 23 individual's blindness or partial blindness, except where the
- 24 refusal, limitation, or rate differential is based on sound actuarial
- 25 principles or is related to actual or reasonably anticipated
- 26 experience.
- 27 (16) Committing or performing, with such frequency as to
- 28 indicate a general practice, unfair claim settlement practices (as
- 29 defined in section 4.5 of this chapter).
- 30 (17) Between policy renewal dates, unilaterally canceling an
- 31 individual's coverage under an individual or group health
- 32 insurance policy solely because of the individual's medical or
- 33 physical condition.
- 34 (18) Using a policy form or rider that would permit a cancellation
- 35 of coverage as described in subdivision (17).
- 36 (19) Violating IC 27-1-22-25, IC 27-1-22-26, or IC 27-1-22-26.1
- 37 concerning motor vehicle insurance rates.
- 38 (20) Violating IC 27-8-21-2 concerning advertisements referring
- 39 to interest rate guarantees.
- 40 (21) Violating IC 27-8-24.3 concerning insurance and health plan
- 41 coverage for victims of abuse.
- 42 (22) Violating IC 27-8-26 concerning genetic screening or testing.
- 43 (23) Violating IC 27-1-15.6-3(b) concerning licensure of
- 44 insurance producers.
- 45 (24) Violating IC 27-1-38 concerning depository institutions.
- 46 (25) Violating IC 27-8-28-17(c) or IC 27-13-10-8(c) concerning

the resolution of an appealed grievance decision.

(26) Violating IC 27-8-5-2.5(e) through IC 27-8-5-2.5(j) or IC 27-8-5-19.2.

(27) Violating IC 27-2-21 concerning use of credit information.

(28) Violating IC 27-4-9-3 concerning recommendations to consumers.

(29) Engaging in dishonest or predatory insurance practices in marketing or sales of insurance to members of the United States Armed Forces as:

(A) described in the federal Military Personnel Financial Services Protection Act, P.L.109-290; or

(B) defined in rules adopted under subsection (b).

(30) Violating IC 27-8-11-10, IC 27-8-11.1, or IC 27-13-15-5 concerning dialysis treatment.

(b) Except with respect to federal insurance programs under Subchapter III of Chapter 19 of Title 38 of the United States Code, the commissioner may, consistent with the federal Military Personnel Financial Services Protection Act (P.L.109-290), adopt rules under IC 4-22-2 to:

(1) define; and

(2) while the members are on a United States military installation or elsewhere in Indiana, protect members of the United States Armed Forces from;

dishonest or predatory insurance practices.

SECTION 12. IC 27-8-11-10 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: **Sec. 10. (a) The definitions in IC 27-8-11.1 apply throughout this section.**

(b) An agreement entered into under section 3 of this chapter after April 30, 2008, must provide that if the insurer fails to pay, as specified by the agreement, for health care services rendered at a network dialysis facility, the insured is not liable for any sums owed by the insurer.

SECTION 13. IC 27-8-11.1 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]:

Chapter 11.1. Dialysis Treatment

Sec. 1. Except as provided in this chapter, the definitions in IC 27-8-11-1 apply throughout this chapter.

Sec. 2. As used in this chapter, "dialysis facility" means an outpatient facility in Indiana at which a dialysis treatment provider renders dialysis treatment.

Sec. 3. As used in this chapter, "insured" refers only to an insured who requires dialysis treatment.

Sec. 4. As used in this chapter, "insurer" includes the following:

(1) An administrator licensed under IC 27-1-25.

(2) An agent of an insurer.

Sec. 5. As used in this chapter, "network" refers to a group of providers, each of which has:

(1) individually; or

(2) as a member of a group;

entered into an agreement with a particular insurer under IC 27-8-11-3.

Sec. 6. As used in this chapter, "network dialysis facility" means a dialysis facility that has entered into an agreement with a particular insurer under IC 27-8-11-3.

Sec. 7. As used in this chapter, "out of network dialysis facility" means a dialysis facility that has not entered into an agreement with a particular insurer under IC 27-8-11-3.

Sec. 8. As used in this chapter, "policy of accident and sickness insurance" has the meaning set forth in IC 27-8-5-1. The term does not include the following:

(1) Accident-only, credit, dental, vision, Medicare supplement, long term care, or disability income insurance.

(2) Coverage issued as a supplement to liability insurance.

(3) Worker's compensation or similar insurance.

(4) Automobile medical payment insurance.

(5) A specified disease policy issued as an individual policy.

(6) A limited benefit health insurance policy issued as an individual policy.

(7) A short term insurance plan that:

(A) may not be renewed; and

(B) has a duration of not more than six (6) months.

(8) A policy that provides a stipulated daily, weekly, or monthly payment to an insured during hospital confinement, without regard to the actual expense of the confinement.

Sec. 9. To the extent that IC 27-8-11-4.5(c) and IC 27-8-11-4.5(d) conflict with the requirements of this chapter, IC 27-8-11-4.5(c) and IC 27-8-11-4.5(d) do not apply with respect to the requirements of this chapter.

Sec. 10. A policy of accident and sickness insurance must provide coverage for dialysis treatment regardless of whether an insured obtains dialysis treatment from a network dialysis facility or an out of network dialysis facility.

Sec. 11. An insurer that uses a network shall establish a payment rate for a health care service rendered by a dialysis treatment provider at an out of network dialysis facility:

(1) in consultation with the dialysis treatment provider; and

(2) based on the following:

(A) The type of health care service rendered.

(B) The fees usually charged by the dialysis treatment provider.

(C) The prevailing rate paid to a dialysis treatment

1 provider by insurers in the same geographic area during
 2 the preceding twelve (12) months.

3 **Sec. 12. In establishing a payment rate under section 11 of this**
 4 **chapter, an insurer shall:**

5 (1) not consider Medicaid and Medicare payment rates; and
 6 (2) establish the payment rate at an amount equal to not less
 7 than the greatest of the following payment rates paid by the
 8 insurer during the previous twelve (12) months:

9 (A) The highest payment rate paid to the dialysis treatment
 10 provider for health care services rendered at a network
 11 dialysis facility.

12 (B) The highest payment rate paid to the dialysis treatment
 13 provider for health care services rendered at an out of
 14 network dialysis facility.

15 (C) The highest payment rate paid to any dialysis
 16 treatment provider for health care services rendered at a
 17 network dialysis facility.

18 **Sec. 13. An insurer may not do any of the following at any time**
 19 **after an insured elects coverage under a policy of accident and**
 20 **sickness insurance:**

21 (1) Restrict benefits or increase costs to the insured in relation
 22 to dialysis treatment, including the insured's out-of-pocket
 23 expenses.

24 (2) Change coverage or benefits in any way that would affect
 25 dialysis treatment provided at an out of network dialysis
 26 facility.

27 **Sec. 14. An insurer shall not do the following:**

28 (1) Make changes in coverage under a policy of accident and
 29 sickness in an attempt to cause an insured to elect Medicare
 30 as the insured's primary coverage.

31 (2) Require an insured, as a condition of coverage, to travel
 32 more than fifteen (15) miles or for longer than thirty (30)
 33 minutes from the insured's home to obtain dialysis treatment,
 34 regardless of whether the insured chooses to receive dialysis
 35 treatment at a network dialysis facility or an out of network
 36 dialysis facility.

37 **Sec. 15. An insurer shall do the following:**

38 (1) Make all claim payments for health care services provided
 39 by a dialysis treatment provider payable only to the dialysis
 40 treatment provider and not to the insured, regardless of
 41 whether the health care services are rendered in a network
 42 dialysis facility or an out of network dialysis facility.

43 (2) File with the department, not later than December 31 of
 44 each year, an annual evaluation of the following:

45 (A) Whether the insurer's network of all dialysis treatment
 46 providers is sufficient to provide health care services to
 47 insureds covered under a policy of accident and sickness

insurance issued by the insurer.

(B) A detailed analysis of whether the requirements of section 14(2) of this chapter are reflected in the actual distance and travel time required for insureds to obtain dialysis treatment.

(3) Maintain a network that at all times includes not less than fifty percent (50%) of the dialysis facilities in the geographic area in which health care services are provided by the network.

Sec. 16. The commissioner shall, not more than thirty (30) days after receiving a filing under section 15(2) of this chapter, approve the filing or make recommendations for changes to the network.

Sec. 17. The department may adopt rules under IC 4-22-2 to implement this section.

SECTION 14. IC 27-13-1-11.6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 11.6. "Dialysis facility" means an outpatient facility in Indiana at which a dialysis treatment provider renders dialysis treatment.

SECTION 15. IC 27-13-15-5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 5. (a) Notwithstanding IC 27-13-1-12, as used in this section, "enrollee" refers only to an enrollee who requires dialysis treatment.

(b) As used in this section, "health maintenance organization" includes the following:

(1) A limited service health maintenance organization.

(2) An agent of a health maintenance organization or a limited service health maintenance organization.

(c) To the extent that IC 27-13-15-1(b) and IC 27-13-15-1(c) conflict with the requirements of this section, IC 27-13-15-1(b) and IC 27-13-15-1(c) do not apply with respect to the requirements of this section.

(d) An individual contract or a group contract must provide coverage for dialysis treatment regardless of whether the dialysis facility from which an enrollee obtains dialysis treatment is a participating provider.

(e) A health maintenance organization shall establish a payment rate for a health care service rendered by a dialysis treatment provider at a dialysis facility that is not a participating provider:

(1) in consultation with the dialysis treatment provider; and

(2) based on the following:

(A) The type of health care service rendered.

(B) The fees usually charged by the dialysis treatment provider.

(C) The prevailing rate paid to a dialysis treatment provider by health maintenance organizations in the same

1 geographic area during the preceding twelve (12) months.

2 (f) In establishing a payment rate under subsection (e), a health
3 maintenance organization shall:

4 (1) not consider Medicaid and Medicare payment rates; and
5 (2) establish the payment rate at an amount equal to not less
6 than the greatest of the following payment rates paid by the
7 health maintenance organization during the previous twelve
8 (12) months:

9 (A) The highest payment rate paid to the dialysis treatment
10 provider for health care services rendered at a dialysis
11 facility that is a participating provider.

12 (B) The highest payment rate paid to the dialysis treatment
13 provider for health care services rendered at a dialysis
14 facility that is not a participating provider.

15 (C) The highest payment rate paid to any dialysis
16 treatment provider for health care services rendered at a
17 dialysis facility that is a participating provider.

18 (g) A health maintenance organization may not do any of the
19 following at any time after an enrollee elects coverage under an
20 individual contract or a group contract:

21 (1) Restrict benefits or increase costs to the enrollee in
22 relation to dialysis treatment, including the enrollee's
23 out-of-pocket expenses.

24 (2) Change coverage or benefits in any way that would affect
25 dialysis treatment rendered at a dialysis facility that is not a
26 participating provider.

27 (h) A health maintenance organization shall not do the
28 following:

29 (1) Make changes in coverage under an individual contract or
30 a group contract in an attempt to cause an enrollee to elect
31 Medicare as the enrollee's primary coverage.

32 (2) Require an enrollee, as a condition of coverage, to travel
33 more than fifteen (15) miles or for longer than thirty (30)
34 minutes from the enrollee's home to obtain dialysis treatment,
35 regardless of whether the enrollee chooses to receive dialysis
36 treatment at a dialysis facility that is a participating provider
37 or a dialysis facility that is not a participating provider.

38 (i) A health maintenance organization shall do the following:

39 (1) Make all claim payments for health care services provided
40 by a dialysis treatment provider payable only to the dialysis
41 treatment provider and not to the enrollee, regardless of
42 whether the health care services are provided in a dialysis
43 facility that is a participating provider or a dialysis facility
44 that is not a participating provider.

45 (2) File with the department, not later than December 31 of
46 each year, an annual evaluation of the following:

47 (A) Whether the health maintenance organization's

- 1 network of all dialysis treatment providers is sufficient to
 2 provide health care services to enrollees covered under an
 3 individual contract or a group contract entered into by the
 4 health maintenance organization.
 5 **(B) A detailed analysis of whether the requirements of**
 6 **subsection (h)(2) are reflected in the actual distance and**
 7 **travel time required for enrollees to obtain dialysis**
 8 **treatment.**
 9 **(3) Maintain a participating provider network that at all times**
 10 **includes not less than fifty percent (50%) of the dialysis**
 11 **facilities in the health maintenance organization's service**
 12 **area.**
 13 **(j) The commissioner shall, not more than thirty (30) days after**
 14 **receiving a filing under subsection (i)(2), approve the filing or**
 15 **make recommendations for changes to the network.**
 16 **(k) The department may adopt rules under IC 4-22-2 to**
 17 **implement this section."**
 18 Page 10, after line 42, begin a new paragraph and insert:
 19 "SECTION 19. **An emergency is declared for this act.**"
 20 Renumber all SECTIONS consecutively.
 (Reference is to ESB 315 as printed February 22, 2008.)

Representative Fry